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**SUMMIT SETS COURSE FOR GENDER EQUITY IN THE AMA AND  
 THE MEDICAL PROFESSION**

*AMA Gender Equity Summit, Sydney, 23 March 2019*

More than 70 leaders from across the AMA and the broader medical profession gathered at the inaugural AMA Gender Equity Summit in Sydney on the weekend to help set a course of action to achieve greater gender equity in the AMA and the profession.

AMA President, Dr Tony Bartone, said today that there is widespread recognition in the broader community that women are under-represented in leadership positions and in professions like medicine.

Dr Bartone said the AMA is committed to openly and actively improve its efforts to achieve equity within its own ranks and across the medical profession

“The Federal AMA Board currently has 40 per cent female participation, but we can do better with the level of representation in some of our policy-making councils and committees,” Dr Bartone said.

“It is a similar story in other medical organisations, with variable levels of female representation.

“We can do better. We will do better. The Summit has given us some practical steps to get started,” Dr Bartone said.

Dr Tessa Kennedy, Chair of the AMA Council of Doctors in Training, said there was strong support from participants at the Summit for structural reforms to achieve gender equity.

“These include improving access and uptake of parental leave and flexible work arrangements for men as well as women. This was a key recommendation to come out of the Summit,” Dr Kennedy said.

“Ensuring access to leave entitlements, including for general practice registrars, and interstate portability of entitlements for doctors working in the public health system were also considered central to improving work-life balance for both women and men in medicine.”

The AMA Gender Equity Summit provided a forum to discuss the cultural and systemic barriers to progress towards gender equity in medicine, and determine what practical actions could be implemented to address them.

Guest speakers from industries outside of medicine shared with the participants how they had successfully shaped culture and systems to encourage gender equity in their workplaces, and gave recommendations on how to achieve similar positive reforms in medicine.

Representatives from Medical Colleges and health services shared their strategies for working towards gender equity, and acknowledged that there is quite a way to go.

Dr Bartone said that the Summit highlighted the importance of prioritising measures to improve gender equity in medicine - not only for the benefit of doctors, but also for the quality of care they provide.

“Doctors from diverse backgrounds bring extensive skills and perspectives to enable the medical workforce to be more responsive and empathetic to individual patient needs and, importantly, broader community needs,” Dr Bartone said.

Australian Institute of Health and Welfare figures show that women make up 40 per cent of the medical workforce and 53 per cent of early-career practitioners, including just over half of all specialists-in-training.

Dr Bartone said that despite the dramatic increase in female participation in the medical workforce in recent decades, under-representation of women in some specialties as well as leadership roles in the medical profession persists.

“Women are not entering some specialties, or progressing through to senior positions in representative numbers, despite extensive evidence of equal competence and interest in doing so,” Dr Bartone said.

“This is not just a problem in the medical profession. Entrenched gender bias, discrimination, and inequity remain features of most Australian workplaces, and society at large.

“We have to turn this around. It’s very difficult to eradicate unconscious bias, but we can acknowledge it, and design our systems to avoid allowing it to lead to discrimination,” Dr Bartone said.

Recommendations for action from the Summit include:

- establishing targets for representation;
- reporting and publishing gender equity data;
- providing access to leave entitlements, including for general practice registrars;
- providing interstate portability of entitlements for doctors working in the public health system;
- improving access and uptake of parental leave and flexible work arrangements for men as well as women;
- implementing transparent selection criteria and processes for entry into training and employment;
- providing access to breastfeeding facilities and childcare at exams, conferences, and work;
- identifying gender equity champions; and
- encouraging capable women to apply for leadership roles.

The AMA Equity, Inclusion, and Diversity Committee will play an important role in actioning the Summit to drive progress towards achieving gender equity both within the AMA and externally.

More information is available on the AMA Gender Equity Summit website at <https://ama.com.au/ges19>

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